



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Adderall XR*	Epclusa ^{CC*}	Select-OB + DHA
Advair Diskus*	Eucrisa ^{CC}	Serevent Diskus
Advair HFA	Farxiga	Spiriva
Aimovig ^{CC}	Flovent Diskus	Stiolto Respimat
AirDuo RespiClick	Flovent HFA	Striverdi Respimat
Ajovy ^{CC}	Genotropin ^{CC}	Sublocade ^{CC}
Anoro Ellipta	Harvoni ^{CC*}	Suboxone ^{CC*}
Aricept*	Hemangeol ^{CC}	Symbicort [*]
Arnuity Ellipta	Humira ^{CC}	Synjardy
Asmanex HFA	Humalog Mix	Synjardy XR
Asmanex Twisthaler	Incruse Ellipta	Tamiflu ^{†*}
Atrovent HFA	Invokamet	Tecfidera
Avonex	Invokana	Toviaz
Bepreve	Janumet	Tradjenta
Besivance	Janumet XR	Trulicity
Betaseron	Januvia	Tudorza
Bethkis	Jardiance	Tysabri
Blephamide	Jentadueto	Vascepa [*]
Breo Ellipta	Jentadueto XR	Victoza
Brilinta	Kazano	Vitafol Fe+ softgel
Byetta	Kitabis*	Vitafol-Nano prenatal tablet
Bystolic	Kombiglyze XR	Vitafol-OB
Capex Shampoo	Lantus	Vitafol-OB+DHA
Cimzia ^{CC}	Levemir	Vitafol-One softgel
Cipro HC	Mavyret ^{CC}	Vitafol Prenatal w/iron gummies
Ciprodex*	Nesina	Vitafol Ultra softgel
Ciranatal 90 DHA	Nitro-Bid	Vyvanse (capsules)
Ciranatal Asssure	Nitrostat	Xarelto
Ciranatal B-Calm	Novolog	Xigduo XR
Ciranatal Bloom	Novolog Mix 70-30	Xofluza [†]
Ciranatal DHA	Omnaris	Zepatier ^{CC}
Ciranatal Harmony	Omnitrope ^{CC}	Zetonna
Combivent	Onglyza	Zomacton ^{CC}
Concerta*	Oseni	Zovirax (cream only)
Copaxone*	Oxytrol	Zubsolv ^{CC}
Diastat*	Pradaxa*	Zylet
Diastat Acudial*	Premarin (tabs only)	
Dulera	Prempro	
Dymista*	ProAir HFA*	
Elidel	Pulmicort Flexhaler	
Eliquis	Rebif	
Enbrel ^{CC}	Relenza [†]	
Entresto	Ritalin*	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 10/1/2022

^{CC} Denotes agent is preferred with clinical criteria in place.